

Re

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

09-29-2000



U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

101476023

6-9-00

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year _____
- Merger
- Change of Name
- Other Assignment of Security Interest

Conveying Party

Mark if additional names of conveying parties attached

Name Fleet National Bank, as Administrative Agent

Execution Date
Month Day Year
03/30/00

Formerly BankBoston, N.A., as Administrative Agent

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization U.S. national banking association

Receiving Party

Mark if additional names of receiving parties attached

Name Fleet Capital Corporation, as Administrative Agent

DBA/AKA/TA _____

Composed of _____

Address (line 1) 300 Galleria Parkway, N.W.

Address (line 2) Suite 800

Address (line 3) Atlanta Georgia 30339
City State/Country Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
- Other _____

Citizenship/State of Incorporation/Organization Rhode Island

07/13/2000 DWNGUYEN 00000120 75442575

FOR OFFICE USE ONLY

01 FC:481
02 FC:482
40.00 DP
150.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002150 FRAME: 0287

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text" value="75442575"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1642837"/>	<input type="text" value="1645278"/>	<input type="text" value="1464599"/>
<input type="text" value="2070468"/>	<input type="text" value="1618829"/>	<input type="text" value="2079858"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Dana Kull, Esq.

5/31/00

Name of Person Signing

Signature

Date Signed

ASSIGNMENT

In connection with the assignment by Fleet National Bank (formerly known as BankBoston, N.A.) ("Assignor") to Fleet Capital Corporation, a Rhode Island corporation ("Assignee") of Assignor's right, title and interest in and to certain loans and commitments of Assignor and Assignee's succeeding to Assignor's position as Administrative Agent under the agreements governing such loans and commitments, Assignor hereby confirms the assignment and assigns to Assignee all of Assignor's right, title and interest in and to the security agreements and interests of Assignor in the trademarks, patents and/or copyrights, as applicable, listed on the attached Schedule A, related property and proceeds of all of the foregoing, and Assignee in its capacity as such Administrative Agent accepts such assignment.

In witness whereof, Assignor and Assignee have caused this instrument to be executed and delivered by their respective officers as of September 21, 2000.

FLEET NATIONAL BANK
(f/k/a BankBoston, N.A.), Assignor

FLEET CAPITAL CORPORATION,
Assignee

By: Elizabeth L. Waller
Elizabeth L. Waller
Authorized Officer

By: Elizabeth L. Waller
Elizabeth L. Waller
Senior Vice President

SCHEDULE A
(Trademark Security Agreement;
Reel/Frame: 001988/0532)